

Missouri Business Education Association
Eleventh Annual Fall Conference
November 21-22, 2003
Inn at Grand Glaize, Osage Beach, MO

PRESENTATION FORM

Please mail, e-mail, or fax this form to Linda Sullivan at P.O. Box 480, Jefferson City, MO 65102; email: lsullivan@mail.dese.state.mo.us, or fax: (573) 526-4261. Please complete ALL entries of this form.

A. CONTACT INFORMATION

Name: _____

Home Address (Include Street/P.O. Box, City, State, ZIP): _____

Home Telephone Number: _____

Home E-Mail Address: _____

Company/School: _____

Work Address (Include Street/P.O. Box, City, State, ZIP): _____

Work Telephone Number: _____

Work E-Mail Address: _____

B. TYPE OF SESSION: ☐ Concurrent ☐ Poster

C. PRESENTATION TITLE (as you want it printed in the program):

D. PRESENTATION DESCRIPTION (as you want it printed in the program):

E. EQUIPMENT YOU ARE BRINGING:

F. EQUIPMENT NEEDED (Screens will be provided; we do not provide computer projection systems or VCR's/TV's.):

G. TARGET AUDIENCE: (Circle appropriate levels.)

Middle School

Secondary

Postsecondary

All Levels